



KEWEENAW BAY INDIAN COMMUNITY

COMMUNITY ASSISTANCE PROGRAMS (C.A.P.)

Janice M. Halverson, *CAP Administrator*

16429 Beartown Road, Baraga, MI 49908

Telephone: (906) 353-8137 or (906) 353-6623 x4162

Fax: (906) 353-4141

Community Needs Assistance Program (CNAP)

NON-MEDICAL ASSISTANCE-Tribal Funds

Sobriety Travel-Request Sheet

Date of Request: _____

Name of Head of Household: _____

Name of Requestor: _____

Type of Request: _____

Amount of Request: _____

Name of Treatment Facility: _____

Treatment Facility's Mailing Address: _____

Treatment Facility's Physical Address: _____

Treatment Facility's Telephone Number: _____

Admittance Date: _____

Prospective Length of Stay: _____

CHECK LIST:

☐ Completed CAP Application and Its Required Documentation

☐ Denial from KBIC's Substance Abuse Program (SAP)

☐ Written Verification of Admittance to Treatment Facility

☐ Applicant must sign a Release at the Treatment Facility authorizing the facility to send verification of applicant's arrival and that applicant successfully completed the treatment program.

For Office Use Only

☐ **APPROVED**

Name of Recipient: _____ Amount: \$ _____

☐ **DENIED**

Reason: _____

You have a right to file an appeal for an denial/adverse decision. The Appeal forms can be obtained in the CAP office.

Signature by:

Janice M. Halverson, *CAP Administrator*

Date

-or-

Representative Name, Title